

CORPORATE FUNCTION CONFIRMATION FORM

****Please return this form when paying the function deposit****

FUNCTION DATE: _____ COMMENCEMENT TIME: _____

VENUE: _____ APPROX. NO. OF GUESTS : _____

CONTACT NAME: _____

COMPANY NAME (if applicable): _____

ADDRESS: _____ POSTCODE: _____

TELEPHONE : HOME #: _____ WORK #: _____

FAX #: _____ MOBILE #: _____

EMAIL ADDRESS: _____

PERSONS RESPONSIBLE FOR PAYMENT OF ACCOUNTS

1) NAME _____

FOOD A/C _____ BEVERAGE A/C _____

ADDRESS: _____ POSTCODE: _____

TELEPHONE : HOME #: _____ WORK #: _____

FAX #: _____ MOBILE #: _____

IF PAYING THE DEPOSIT BY CREDIT CARD, PLEASE COMPLETE THE DETAILS BELOW:

Credit Card Number: Expiry: _____

Name on card: _____ Amount: \$ _____

Authorised by (signature of cardholder): _____

I have read, understood and agree to the terms and conditions noted in the function information as attached to the menu package.

1) Signed: _____ Date: _____

2) Signed: _____ Date: _____